

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO.: 453-03-1527.M2

NOTICE OF INDEPENDENT REVIEW DECISION

November 15, 2002

RE: MDR Tracking #: M2-02-0841-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 44 year old male sustained a work related injury to his right knee on ___ when he fell off of a tank truck. His treatment has included an arthroscopic medial meniscectomy and chondroplasty in November 1999. At that time he was found to have extensive full thickness degenerative changes of the medial femoral condyle and the patella femoral joint. He continued to have severe pain and was treated with multiple anti-inflammatory medications as well as a series of Hyalgan injections all of which have been unsuccessful in treating the patient's problem. Knee x-rays taken in August 2000 revealed narrowing in the medial compartment with osteochondral changes in the medial femoral condyle. In addition, there was spurring in the lateral compartment as well as degenerative changes of the patella femoral joint. The treating physician recommended a total knee replacement.

Requested Service(s)

Total knee replacement

Decision

It has been determined that a total knee replacement is not medically necessary.

Rationale/Basis for Decision

This 44 year old male sustained a work-related knee injury on ___ when he fell off of a tank truck. Plain x-rays revealed degenerative joint disease and an MRI scan on 10/08/99 revealed a medial meniscus tear. Arthroscopy was performed in 11/99 with no symptomatic relief. The pain recurred after transient relief from Hyalgan injections. There is no substantial or severe deformity in the knee or limitation in mobility to warrant a knee replacement, based on the documented impairment assessments. At such a young age, there is no

guarantee that a knee replacement would eliminate the pain experienced by the patient. There is also the risk of infection, continued pain, and repeat knee replacement that figure into the risk versus benefit equation. Therefore the total knee replacement is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,